

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number <b>09/838758</b>	Filing Date	
						Applicant(s)		
						• May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
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Total Indep			<b>2</b>					
Total Depend			<b>10</b>					
Total Claims			<b>12</b>					